## Case 17-16714-amc Doc 56 Filed 04/10/18 Entered 04/10/18 17:22:41 Desc Main Document Page 1 of 2

| Fill                 | in this information to  | identify your ca              | ase:  |  |              |                |                     |                               |                           |                                  |                 |  |  |
|----------------------|---|-------------------------------|---|--|--------------|----------------|---------------------|-------------------------------|---------------------------|----------------------------------|-----------------|--|--|
| Del                  | btor 1  | Lance David                   | Lewis   |  |              |                |                     |                               |                           |                                  |                 |  |  |
|                      | btor 2<br>ouse, if filing)  |                               |   |  |              |                |                     |                               |                           |                                  |                 |  |  |
| Uni                  | ited States Bankrupt  | cy Court for the              | EASTERN DISTRICT  | OF PENNSYLVANIA                              | A            | _              |                     |                               |                           |                                  |                 |  |  |
| Case number 17-16714 |   |                               |   |  |              |                | Che                 | ck if this is                 | :                         |                                  |                 |  |  |
| (If kı               | nown)   |                               |   |  |              |                |                     | An amende                     | U                         |                                  |                 |  |  |
|                      |   |                               |   |  |              |                |                     |                               |                           | g postpetition<br>ollowing date: |                 |  |  |
| 0                    | fficial Form  | <u> 1061</u>                  |   |  |              |                | Ī                   | MM / DD/ Y                    | /YYY                      |                                  |                 |  |  |
| S                    | chedule I: `  | our Ince                      | ome   |  |              |                |                     |                               |                           |                                  | 12/1            |  |  |
| sup<br>spo<br>atta   | pplying correct infor<br>buse. If you are sepa<br>ich a separate shee | mation. If you arated and you | sible. If two married peo<br>are married and not filin<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and your<br>th you, do not inclu | spouse i     | is liv<br>mati | ing with<br>on abou | n you, incl<br>it your spe    | ude inforn<br>ouse. If mo | nation about<br>ore space is     | your<br>needed, |  |  |
| 1.                   | Fill in your employment information.                                  |                               |   | Debtor 1                                     |              |                |                     | Debtor 2 or non-filing spouse |                           |                                  |                 |  |  |
|                      | If you have more t  | han one job,                  |   | ☐ Employed                                   |              |                |                     | ☐ Employed                    |                           |                                  |                 |  |  |
|                      | attach a separate information about employers.                        |                               | Employment status   | ■ Not employed                               | Not employed |                |                     |                               | ☐ Not employed            |                                  |                 |  |  |
|                      |   |                               | Occupation  |  |              |                |                     |                               |                           |                                  |                 |  |  |
|                      | Include part-time, seasonal, or self-employed work.                   |                               | Employer's name   |  |              |                |                     |                               |                           |                                  |                 |  |  |
|                      | Occupation may ir or homemaker, if it                                 |                               | Employer's address  |  |              |                |                     |                               |                           |                                  |                 |  |  |
|                      |   |                               | How long employed the   | here?  |              |                |                     | _                             |                           |                                  |                 |  |  |
| Pai                  | rt 2: Give Det  | ails About Mor                | nthly Income  |  |              |                |                     |                               |                           |                                  |                 |  |  |
|                      | imate monthly inco<br>use unless you are s                            |                               | ate you file this form. If y  | you have nothing to r                        | eport for    | any            | line, writ          | e \$0 in the                  | space. Inc                | lude your no                     | n-filing        |  |  |
|                      | ou or your non-filing see space, attach a se                          |                               | ore than one employer, co   | ombine the information                       | on for all e | emplo          | oyers for           | that perso                    | on on the lir             | nes below. If                    | you need        |  |  |
|                      |   |                               |   |  |              |                | For De              | btor 1                        |                           | otor 2 or<br>ng spouse           |                 |  |  |
| 2.                   |   |                               | ry, and commissions (be<br>calculate what the month)  |  | 2.           | \$             |                     | 0.00                          | \$                        | N/A                              |                 |  |  |
| 3.                   | 3. Estimate and list monthly overtime pay.                            |                               |   |  | 3.           | +\$            |                     | 0.00                          | +\$                       | N/A                              | -               |  |  |
| 4.                   | Calculate gross I   | ncome. Add lir                | ne 2 + line 3.  |  | 4.           | \$             |                     | 0.00                          | \$                        | N/A                              |                 |  |  |

## Case 17-16714-amc Doc 56 Filed 04/10/18 Entered 04/10/18 17:22:41 Desc Main Document Page 2 of 2

| Debtor 1 |                   | Lance David Lewis   |          |     | Case        | number (if known) | 17-16714  |           |             |           |
|----------|-------------------|---|----------|-----|-------------|-------------------|-----------|-----------|-------------|-----------|
|          | Con               | vy line 4 hore  | 4.       |     | For<br>\$   | Debtor 1          |           | Debtor    | spouse      |           |
|          |                   | y line 4 here   | 4.       |     | Φ_          | 0.00              | Φ_        |           | N/A         | _         |
| 5.       |                   | all payroll deductions:   |          |     |             |                   |           |           |             |           |
|          | 5a.               | Tax, Medicare, and Social Security deductions   | 5a       |     | \$_         | 0.00              | \$_       |           | N/A         | _         |
|          | 5b.               | Mandatory contributions for retirement plans  | 5b       |     | \$_         | 0.00              | \$_       |           | N/A         | _         |
|          | 5c.<br>5d.        | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 50       |     | \$_<br>\$   | 0.00              | \$_<br>\$ |           | N/A         | _         |
|          | 5u.<br>5e.        | Insurance   | 50<br>5e |     | \$<br>_     | 0.00              | \$<br>\$  |           | N/A<br>N/A  | _         |
|          | 5f.               | Domestic support obligations  | 5f       |     | <b>\$</b> - | 0.00              | \$<br>\$  |           | N/A         | _         |
|          | 5g.               | Union dues  | 50       |     | \$_         | 0.00              | \$_       |           | N/A         | _         |
|          | 5h.               | Other deductions. Specify:  | _        | ).+ | \$          | 0.00              | · · · · · |           | N/A         | _         |
| 6.       | Add               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.  |     | \$          | 0.00              | \$        |           | N/A         | _         |
| 7.       | Calc              | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |     | \$_         | 0.00              | \$_       |           | N/A         | _         |
| 8.       | List<br>8a.       | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                     |          |     | _           |                   | _         |           |             | _         |
|          |                   | monthly net income.   | 88       |     | \$_         | 0.00              | \$_       |           | N/A         |           |
|          | 8b.               | Interest and dividends  | 8b       | ).  | \$_         | 0.00              | \$_       |           | N/A         | _         |
|          | 8c.               | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80       |     | \$          | 0.00              | \$        |           | N/A         |           |
|          | 8d.               | Unemployment compensation   | 80       |     | \$-         | 0.00              | \$-       |           | N/A         | _         |
|          | 8e.               | Social Security   | 86       |     | \$_         | 1,923.00          | \$        |           | N/A         | _         |
|          | 8f.               | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:        | e<br>8f  | •   | \$          | 0.00              | \$        |           | N/A         | _         |
|          | 8g.               | Pension or retirement income  | _<br>8g  | J.  | \$          | 0.00              | \$        |           | N/A         | _         |
|          | 8h.               | Other monthly income. Specify: VA Income  | 8h       | 1.+ | \$          | 3,279.49          | + \$ _    |           | N/A         | _         |
|          |                   | Contribution from family  |          |     | \$          | 750.00            | \$        |           | N/A         | _         |
| 9.       | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       |     | \$          | 5,952.49          | \$_       |           | N//         | 4         |
| 10.      |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.      | \$_ |             | 5,952.49 + \$     |           | N/A       | = \$        | 5,952.49  |
| 11.      | Inclu<br>othe     | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify: | depe     |     |             | . •               |           |           | ∍ J.<br>+\$ | 0.00      |
| 12.      |                   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |          |     |             |                   |           | e.<br>12. | \$          | 5,952.49  |
| 13.      | Do y              | you expect an increase or decrease within the year after you file this form No.   | ?        |     |             |                   |           |           |             | ly income |
|          | $\overline{\Box}$ | Yes, Explain:   |          |     |             |                   |           |           |             |           |